U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.				
QL HIS CHO!					
1. File Number U -	2. Fiscal Year Covered From:				
	7/7/04 Through: 12/31/04				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name JAMES J NEUBECKER	Name PIFFITIERS LOCAL JOS				
•	Labor Organization File Number 042-108				
P.O. Box, Bldg., Room No., if any 6350 A. BROWN	P.O. Box, Building and Room Number, if any 6350 M. BRoADW				
Street BBOANWAY	Street 6350 N. BROAD WAY				
City DENVER COLO	City DEWEL				
State Co LO: ZIP Code + 4 Jo2 / 6	State Colons ZIP Code +4 Soll6				
5. Position in labor organization. ORGANIZER					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of					
(except as specified in the exclusion of	usions set forth in the instructions): derived income or other economic benefit of				
(except as specified in the exclu	usions set forth in the instructions): derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name Interest in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name Interest in the exclusion of transactions (including loans) with, or monetary value from an employer whose employees your organization. Name Interest in transactions (including loans) with, or monetary value from an employer whose employees your organization. Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information into documents), has been examined by the signatory and is, to the best of the				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information into documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing AMES . NEUBE	CKER	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing County Tel	•				
City	11.b. Approximate dollar value 12.a. Nature of interest hele OHRISTMAS COMMITTEE COMMITTEE COMMITTEE COMMITTEE COMMITTEE COMMITTEE COMMITTEE	d or income received. LUNCH 165 MEPL MEAL NEAL NEAL	18/2004/30.6 15.00 4.5.00 15.00 15.00 15.00			
	12.b. Amount.		4105.00			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	·	,				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

Name of Reporting Employer: Denver Pipefitters Joint Apprenticeship				File Number						
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🗵	ITEM 8.b	ITEM 8.c	ITEM 8.d		ITEM 8.e	ITEM 8.f			
to which the care of applies										
9.a. 🛛 Agreement 📗 Payment	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Organizer									
Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.							
Name James Neubecker			Organization Colorado State Pipe Trades							
P.O. Box, Building and Room Number, if any			P.O. Box, Building and Room Number, if any							
Street 6350 BROADWAY			Street 229 E	Moreno A	ve					
City Denver			City Color	ado Sprin	ıgs					
State Colorado	ZIP Code + 4	80216-1035	5 State Colorado ZIP Code + 4 80903				4 80903			
Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.			10.b. The promise, agreement, or arrangement was: Oral Written* Both							
None			(*Written agreements entered into during the fiscal year must be attached.)							
11.a. Date of each payment or expenditure (mm/dd/yyyy). 11.b. Amount of each payment or expenditure			11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)							
04/27/2004		15	15 Committee Meal							
06/08/2004		15	Committee Meal							
09/21/2004	9/21/2004				Committee Meal					
10/26/2004	Committee Meal									
11/16/2004		15	Committee Meal							
12. Explain fully the circumstances of all payme	nte including the ter	ms of any oral scree	ment or understandir	in nursuant to v	which they	/ were made				
Meals are provided to all C							ons.			
7.00.20 0.00 p.00.000 0.000										
1										

Name of Reporting Employer: Denver Pipefitters Joint Apprenticeship

File Number E-

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure.	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property).
12/08/2004	30	Committee Christmas Luncheon
	0	
	0	
	0	

Name of Reporting Employer: Denver Pipefitters Joint Apprenticesh				nticeship File Number				
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a ⊠	ITEM 8.b	ITEM 8.c ITEM 8.d		ITEM 8.e	ITEM 8.f		
9.a. 🔀 Agreement 🔲 Payment 🔲 Both			Position In labor organization or with employer (if an independent labor consultant, so state). Organizer					
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name James Neubecker			Organization Pipefitters Local Union 208					
P.O. Box, Building and Room Number, if any			P.O. E	Box, Building	g and Room Numb	er, if any		
Street 6350 BROADWAY			Street	6350 BF	ROADWAY			
City Denver			City	Denver				
State Colorado	ZIP Code + 4	80216-1035	State Colorado ZIP Code + 4 80216-10				4 80216-1035	
10.a. Date of the promise, agreement,			10.b. The promise, agreement, or arrangement was:					
which payments or expenditures	were agreed to or	made.	Oral Written* Both					
None		(*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy). 11.b. Amount of each payment or expenditure			11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)					
01/25/2005		15	Committee Meal					
02/22/2005		15	Committee Meal					
03/22/2005		15	Committee Meal					
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.								
Meals are provided to all Committee Members durning Committee meetings.								
					 			